



May 13, 2015

Mr. Phillip Cole
New Jersey Department of Environmental Protection
Bureau of Case Management
401 East State Street
P.O. Box 433
Trenton, New Jersey 08625-0433

**RE: Closure Notification of an Underground Storage Tank System
Hess Corporation- Former Quality Control Laboratory
835 West Avenue
Port Reading, Middlesex County, New Jersey
NJDEP Incident #13-07-24-1427-02
PI # 004800 (also known as #006148)**

Dear Mr. Cole,

As discussed in our recent telephone conversation, three Underground Storage Tanks (USTs) were identified below the slab of the Quality Control Laboratory (QC Lab) during building demolition. The USTs were observed to have been previously abandoned-in-place and no appurtenant piping was identified. A search of the NJDEP Dataminer program was conducted and no registration information could be located. Accordingly, a NJDEP UST Facility Certificate Questionnaire was prepared and submitted to the NJDEP UST Registration and Billing Program, in April 2015.

To move forward with closure of the USTs, Hess Corporation (Hess) is required to file Closure Notification of an UST System which is completed through the DEP online system for Licensed Site Remediation Professionals (LSRP). As you are aware, the QC Lab investigation has been incorporated into the existing Hess Corporation Former Port Reading Complex direct oversight case (PI # 006148), therefore there is no LSRP for the site.

As per your instructions, Hess has prepared the enclosed Closure Notification of an UST System form to serve as the notice of intent to close the identified USTs. Please have the form processed and notify Hess and EnviroTrac Ltd. (EnviroTrac) once closure numbers have been issued. Hess will then proceed with formal Closure of the UST System, via the submittal of an updated UST Facility Questionnaire.

If you have any questions or require additional information, please contact the undersigned at (609) 387-5553 or John Schenkewitz of Hess Corporation at 732-750-6616.

Sincerely,

A handwritten signature in blue ink that reads "Sarah J. Dyson".

Sarah J. Dyson
Project Manager

Enclosures: Closure Notification of an Underground Storage Tank System Form

cc: Phil Cole – NJDEP – Bureau of Case Management (3 Copies)
Andy Park – USEPA Region II
Nidal Azzim – USEPA Region II
John Schenkewitz – Hess Corporation (enfes)
EnviroTrac File



New Jersey Department of Environmental Protection
Site Remediation Program

**CLOSURE NOTIFICATION / EXTENSION REQUEST OF
AN UNDERGROUND STORAGE TANK SYSTEM**

Date Stamp
(For Department use only)

SECTION A. SITE NAME, LOCATION, AND INFORMATION

Site Name: Hess Corporation - Former Quality Control Laboratory

List all AKAs: QC Lab

Street Address: 835 West Avenue

Municipality: Woodbridge (Township, Borough or City)

County: Middlesex Zip Code: 07064

Mailing Address if different than street address: _____

Incident Number(s)/Com. Center Number(s): 13-07-24-1427-02 Case Tracking Number(s): _____

Program Interest (PI) Number(s): 004800 (Also Known As 006148)

Municipal Block(s) and Lot(s):

Block # <u>664.01</u>	Lot # <u>1.01</u>	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

SECTION B. CURRENT OWNER OF THE SITE

Full Legal Name of the Owner: Hess Corporation

First Name of Contact: John Last Name of Contact: Schenkewitz

Title: Manager, Remediation

Phone Number: (732) 750-6616 Ext: _____ Fax: (732) 352-7795

Mailing Address: One Hess Plaza

City/Town: Woodbridge State: NJ Zip Code: 07095

Email Address: jschenkewitz@hess.com

☒ Check if same as Operator

SECTION C. CURRENT OPERATOR OF THE SITE

Full Legal Name of the Operator: _____

First Name of Contact: _____ Last Name of Contact: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

SECTION D. NOTIFICATION TYPE☒ Notice of Closure of an UST System(s); or☐ Out of Service UST Extension Request for more than 12 months, and ☐ Site Investigation Report SubmittedHas closure occurred prior to this submittal? ☐ Yes ☒ No

If "Yes," date of closure: _____

Three previously abandoned-in-place USTs were identified during building demolition, no appurtenant piping was observed. Registration documentation could not be located and a UST Certificate Questionnaire was submitted in April 2015. Please use this form to serve as Closure Notification for the issuance of a UST Closure Permit/Number. Once closure numbers have been issued Hess will proceed with formal closure of the UST System.

SECTION E. CLOSURE INFORMATION

Complete the following information concerning UST system closure.

If piping is being closed without associated tank, please include associated Tank No., Tank Size, and Tank Contents fields and check **PIPING ONLY**.**Tank Closure**

Tank No. (i.e., E1)	Length of Piping (ft)	Tank Size (gallons)	Tank Contents*	PIPING ONLY
T1	NA	550	Unknown	<input type="checkbox"/>
T2	NA	4,000	Unknown	<input type="checkbox"/>
T3	NA	10,000	Unknown	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* If material is a hazardous substance but not a petroleum product, use chemical name and CAS number to identify tank's content. (Brand or trade names are unacceptable).

SECTION F. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENTLSRP ID Number: NAFirst Name: NALast Name: NA

Phone Number: _____

Ext: _____

Fax: _____

Mailing Address: NACity/Town: NAState: NA

Zip Code: _____

Email Address: NA

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:☐ *directly oversaw and supervised all of the referenced remediation, and/or*☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: _____

Date: _____

LSRP Name/Title: NA**No Changes Since Last Submittal** ☐Company Name: NA**SECTION G. CLOSURE CERTIFICATE MAILING ADDRESS**Mail the Closure Certificate to: ☐ *Check if same as above*Name (print or type): Sarah DysonTitle: Project ManagerOrganization: EnviroTrac LtdAddress: 6 Terri Lane, Suite 350City: BurlingtonState: NJZip Code: 08016Phone Number: (609) 387-5553

Ext: _____

Fax: (609) 387-5533Email Address: sarahd@envirotrac.com

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420